

# State Employee Health Plan

## Retiree and Direct Bill Members

Open Enrollment Period is  
October 16 - November 15, 2018

Elections are effective January 1, 2019

# Contact Information

## State of Kansas Health Plan Vendors

---

### **Aetna - Non-Medicare Plans**

Customer Service

Behavioral Health (Aetna BH)

**[www.aetnastateofkansas.com](http://www.aetnastateofkansas.com)**

All Areas (Toll Free): 866-851-0754

All Areas (Toll Free): 866-851-0754

### **Aetna Medicare Plans**

Aetna Medicare **Freedom** PPO ESA

Aetna Medicare **Liberty** PPO ESA

Aetna Medicare **Elite** PPO ESA

**[www.aetnamedicare.com/state-of-kansas/en/index.html](http://www.aetnamedicare.com/state-of-kansas/en/index.html)**

All Areas (Toll Free): 855-322-7558

### **Behavioral Health (MHNet)**

All Areas (Toll Free): 866-607-5970

TTY: 866--200-3269

### **Aetna Part D Medicare Drug Plan**

**<http://stateofkansas.aetnamedicare.com/>**

Specialty Mail Order

All Areas (Toll Free): 844-233-1939

Billing for Monthly Payments

All Areas (Toll Free): 866-308-7548

All Areas (Toll Free): 877-238-6211

---

### **Blue Cross and Blue Shield of Kansas**

#### **Non-Medicare Plans**

Customer Service -

**[www.bcbsks.com/CustomerService/Members/State/](http://www.bcbsks.com/CustomerService/Members/State/)**

All Areas (Toll Free) 800-332-0307

Topeka: 785-291-4185

#### **Blue Cross and Blue Shield of Kansas**

#### **Medicare Plans**

Kansas Senior Plans C, C Select, G, G Select & N

All Areas (Toll Free): 800-332-0307

Topeka: 785-291-4185

New Directions - **Behavioral Health**

All Areas (Toll Free) 800-952-5906

Topeka: 785-233-1165

---

### **Caremark**

Customer Service

**[www.caremark.com](http://www.caremark.com)**

All Areas (Toll Free): 800-294-6324

TDD (Toll Free): 800-863-5488

Caremark Connect Specialty Pharmacy

All Areas (Toll Free): 800-237-2767

---

### **Delta Dental of Kansas, Inc.**

Customer Service

**[www.deltadentalks.com/](http://www.deltadentalks.com/)**

All Areas (Toll Free): 800-234-3375

Wichita: 316-264-4511

---

### **Direct Bill Membership Call Center**

State Employee Health Benefits Plan -

For Enrollment, Qualifying Event, Report a Death, Address Changes

All Areas (Toll Free): 866-541-7100

Topeka: 785-296-1715

---

### **KPERS**

Kansas Public Employee Retirement Systems

All Areas (Toll Free): 888-275-5737

Topeka: 785-296-6166

---

### **Preferred Lab Benefit Program**

- **Quest Diagnostics Lab Card Program**

Customer Service

Collection Site Listings

**[www.labcard.com](http://www.labcard.com)**

All Areas (Toll Free): 800-646-7788

**[www.labcard.com/collection.html](http://www.labcard.com/collection.html)**

- **Stormont-Vail Regional Lab Program**

Patient Financial Services

Collection Site Listings

**[www.stormontvail.org/state-employees-lab.html](http://www.stormontvail.org/state-employees-lab.html)**

All Areas (Toll Free): 800-637-4716

Topeka: 785-354-1150

## Contents

2019 Direct Bill/Retiree Open Enrollment Meeting and Webinar Schedule.....	4
Highlights and Reminders for Plan Year 2019.....	6
Dropping Coverage.....	7
Before You Enroll.....	7
Open Enrollment.....	7
Enrollment Portal Instructions.....	8
Choosing Your Health Plan .....	9
<b>Non-Medicare Options - Plans A, C, J, N and Q.....</b>	<b>9</b>
Caremark Prescription Drug Plan.....	11
Delta Dental.....	12
Surency Vision Plan.....	12
Preferred Lab Benefit .....	13
Non-Medicare Options Rates and Comparison Chart .....	14
<b>Medicare Options .....</b>	<b>24</b>
Aetna Freedom, Liberty and Elite PPO ESA Plans.....	24
Kansas Senior Plans C, C Select, G, G Select and N.....	25
Aetna Part D Medicare Drug Plan.....	26
Medicare Options Rates and Comparison Chart .....	27

Take advantage of the information available online 24/7 on our Open Enrollment Website. View all 2019 Open Enrollment plan options, including the Provider Directories, benefit descriptions and detailed information on all State Employee Health Plan programs and options available at: **[www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)**

*The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go to the page for your vendor on our website - **[www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)***

# 2019 Retiree/Direct Bill Open Enrollment Meeting Schedule

## **EMPORIA**

**Friday, October 12**

10:00 a.m.

**Flint Hills Technical College**

Meeting Rooms A and B

3301 W. 18th Avenue

---

## **HAYS**

**Wednesday, October 3**

9:00 a.m. and 1:00 p.m.

**Kansas Highway Patrol**

Basement Conference Room

1812 Frontier Road

---

## **HUTCHINSON**

**Friday, October 5**

12:30 p.m.

**KDOT Area Office District 5**

Conference Room

1220 W. 4th Street

---

## **LAWRENCE**

**Wednesday, October 10**

9:30 a.m. and 1:30 p.m.

**4-H County Fairgrounds**

Building 21

2101 Harper

---

## **MANHATTAN**

**Tuesday, October 9**

9:30 a.m. and 1:30 p.m.

**Fairgrounds - Cico Park**

Konza Room - Pottorf Hall

1710 Avery Drive

---

## **OVERLAND PARK**

**Wednesday, October 17**

9:30 a.m. and 1:30 p.m.

**KU Edwards Campus**

Regents Center - Room 110

12604 Quivera Road

---

## **PITTSBURG**

**Monday, October 8**

9:00 a.m. and 1:00 p.m.

**Homer Cole Community Center**

Conference Room

3003 N. Joplin

---

## **SALINA**

**Thursday, October 4**

9:00 a.m. and 1:00 p.m.

**KSU-Salina College Center**

Conference Room

2310 Centennial Road

---

## **TOPEKA**

**Monday, October 15 - Rooms A & B**

at 9:00 a.m. and 1:00 p.m.

**Tuesday, October 16 Rooms A, B & C**

at 9:30 a.m. and 1:30 p.m.

**Thursday, October 18 - Rooms A & B**

at 9:00 a.m. and 1:00 p.m.

**Topeka and Shawnee  
County Public Library**

Marvin Auditorium

Rooms A, B & C

1515 W 10th Street

---

## **WICHITA**

**Thursday, October 11**

9:00 a.m. and 1:00 p.m.

**Delta Dental of Kansas**

Multiplepurpose Room

1619 N. Waterfront Parkway

---

### **RETIREE/DIRECT BILL ONLINE OPEN ENROLLMENT WEBINARS**

*Registration details will be posted online at [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)*

*Wednesday, October 24th 1:30 pm*

*Friday, October 26th 1:30 pm*

*Tuesday, October 30th 9:00 am*

*Thursday, November 1st 10:00 am*

*Tuesday, November 6th 10:30 am*

*Friday, November 9th 1:30 pm*

***View all Open Enrollment information including the Provider Directories, Benefit Descriptions and detailed information on all State Employee Health Plan programs and options available at [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)***

***The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go to the vendor page on our website. Benefit Descriptions are listed under each vendor.***

# Highlights for Plan Year 2019

## WHAT'S CHANGING

### Stand-alone Dental Coverage

You may now elect stand-alone dental coverage for Plan Year 2019. Member and eligible dependents can be enrolled in dental coverage without being enrolled in medical.

### New Medicare Options

**Aetna - All Medicare Plans are now Aetna Medicare - changed from Coventry Medicare.**

In addition to Medicare Freedom, the following plans are available in Plan Year 2019:

- Aetna Medicare Liberty - with enhanced benefits
- Aetna Medicare Elite - **NEW**

**New Billing Change** - Members enrolled in one of the Aetna Medicare plans, that do not pay premiums through KPERS deduction, will now have their Part D premium bundled with their Medicare plan premium. This means you will pay the State Employee Health Plan for both your Medical and Part D prescription drug coverage.

If you are currently enrolled in either the Freedom or Liberty plan and do not want to change your coverage for Plan Year 2019, you will receive a letter indicating your Coventry coverage is termed and new ID cards with the new name of the plan listed effective 1-1-19.

For more information, go to page 24.

**Blue Cross and Blue Shield of Kansas has new Senior Plans available.**

In addition to Senior Plan C, the following plans are available in Plan Year 2019

- Senior Plan C Select
- Senior Plan G
- Senior Plan G Select
- Senior Plan N

For more information, go to page 25.

### Reminders for Plan Year 2019 - Medicare Options

- Please review the formularies for all the Aetna Part D's offered to see if your prescriptions are covered or have had a tier change.
- **If you decide to opt out of the Part D prescription drug coverage** offered through the State Employee Health Plan, you must have "creditable drug coverage" from the "Private Market" to be eligible to return to the SEHP Part D coverage during Open Enrollment without having to pay a penalty. "Private Market" Open Enrollment for Part D prescription drug coverage is October 15th through December 7th.
- **If you will be receiving Medicare due to a disability, contact Membership Services** at 866-541-7100 (outside Topeka) or 785-296-1715 (in Topeka).
- **If you do not pay your premiums through KPERS deduction** - Members enrolled in one of the Senior Plans will continue to pay Aetna directly for Part D coverage and the State Employee Health Plan for Medical, Dental and vision coverage by bank draft. This can be set up online in the Member Portal in MAP - <https://sehp.member.hrissuite.com/> **If you need assistance with this, call either 1-866-541-7100 or 785-296-1715.**



## Dropping Coverage

Direct Bill members may drop medical, dental, prescription and vision coverage for themselves and/or any covered dependents at any time by submitting the request in writing via email to [sehpmembership@kdheks.gov](mailto:sehpmembership@kdheks.gov) or regular mail to:

State Employee Health Plan  
Direct Bill Membership Services  
Rm 900-N, Landon State Office Building  
900 SW Jackson Street  
Topeka, KS 66612

**Important:** Once coverage (medical, dental, prescription drug and vision) has been terminated, the member cannot re-enroll at a later date. The effective date of termination will be the last day of the month following notification. When a member terminates his or her coverage, all dependents' coverage will be terminated as well.

**Dental Coverage:** Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

**Vision Coverage:** Members can opt out of vision coverage during Open Enrollment or when they cancel their medical, dental and prescription drug coverage.

Members can waive vision one year, then elect to pick it back up during the next Open Enrollment period, as long as they are enrolled in Medical coverage.

## Before you Enroll

**Review all of your enrollment materials** including this Open Enrollment booklet or go to [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm) to become familiar with your options.

**Read *Medicare and You***, a handbook from the Social Security Administration, if you or a covered dependent is eligible for Medicare.

**Attend an Open Enrollment Meeting or Webinar.** We encourage you to attend an Open Enrollment Meeting or Webinar to hear explanations of your benefit options and to ask questions. See pages 4-5 for dates and times of meetings near you and the webinars.

**Learn about your health plan options.** Make sure your health care providers, medical facilities and pharmacy are included in your health plan's network of preferred providers.

## Open Enrollment

The Annual Open Enrollment period for State Employee Health Plan Retiree/Direct Bill members is October 16th through November 15th. **Enrollment must be completed NO LATER THAN NOVEMBER 15th.**

**If you have questions**, please contact the Direct Bill Call Center toll free at 1-866-541-7100 or 296-1715 (In Topeka). Representatives are available to assist you from October 12, 2018 through December 8, 2018 Monday through Friday 8:30 a.m. to 4:30 p.m. Central time. **The office will be closed** for Veterans' Day (November 12) and Thanksgiving (November 22-23).

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2019.

# OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

The Membership Administration Portal (MAP) is located here <https://sehp.member.hrissuite.com/>

Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work; Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

## **Technical Support During the Open Enrollment Period, October 16th through November**

**15th:** If you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll free). The MAP Help Desk will be open from October 16th through November 15th Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time.

**The Technical Help Desk does not reply to questions about your benefits.**

**Technical Support After Hours during Open Enrollment:** Please e-mail:

***techsupport@hrissuite.com*** Include your name, phone number, and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

Starting October 16th, you can visit MAP to register your online account, review your contact information and family roster, review your current SEHP elections and then make any changes you want for Plan Year 2019. The following information will provide you with step-by-step instructions on how to register your account and complete your Open Enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

## **\*Before you begin, make sure you have the following information ready\***

- Your Kansas Employee ID number (***Call the Direct Bill Call Center - 296-1715 (In Topeka) or 866-541-7100 (Toll Free) if you don't know this***)
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

**Adding a new dependent?** Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.

## **Enrollment Instructions**

1. Go to MAP at: <https://sehp.member.hrissuite.com/>

**NOTE: If you forgot your password from last year, just re-register.**

2. The Welcome screen will appear. If this is the first time you are logging into the portal, please click on the “**Register Now**” button to get started. If you have previously registered and remember your pass word, click on the “**Sign In**” button. If you do not remember your password, you will need to register again.
3. Follow the instructions on the screen

You may go into MAP as many times as needed during Open Enrollment to make changes. Pending election statements will be emailed directly to your registered email address each time you save an election in the portal. The benefits that you have selected as of midnight on November 15, 2018 will be effective January 1, 2019. Members may log into the member portal after December 15, 2018 to see their final approved elections for Plan Year 2019.



## Choosing Your Health Plan:

### Non-Medicare - Plan A, High Deductible Health Plans C, J, N and Q Medicare Kansas Senior Plans C, C Select, G, G Select, and N or Aetna Medicare Freedom, Liberty and Elite

You have choices when it comes to your health coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State offers the following plans to Direct Bill members:

#### Non-Medicare Options

- Plan A — Aetna or Blue Cross and Blue Shield of Kansas
- Plans C, J, N or Q — Aetna or Blue Cross and Blue Shield of Kansas

**NOTE:** Health Savings Accounts or Health Reimbursement Accounts are not available for retirees electing Plans - C, J, N or Q under Direct Bill.

#### Medicare Options

- Aetna Medicare Freedom PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Freedom PPO ESA (with Aetna Part D - either **Value** or **Premier** Option)
- Aetna Medicare Liberty PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Liberty PPO ESA (with Aetna Part D - either **Value** or **Premier** Option)
- Aetna Medicare Elite PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Elite PPO ESA (with Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan C (with or without Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan C Select (with or without Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan G (with or without Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan G Select (with or without Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan N (with or without Aetna Part D - either **Value** or **Premier** Option)

**REMINDER:** Kansas Senior Plans C, C Select, G, G Select or N are the ONLY plans that Direct Bill members can enroll in without Prescription Drug coverage and select a Part D prescription drug plan from the Private Market.

**If you elect to enroll in any of the Kansas Senior Plans without taking Prescription Drug coverage through the SEHP or Private Market Part D,** you may re-enroll in the State's Part D Prescription Drug Coverage during the next Open Enrollment period or if you have a qualifying event.

When making your health plan choices, Direct Bill members should always consider present health conditions and the financial status of all individuals to be covered under the chosen plan.

## Non-Medicare Options

### Plan A or Plans C, J, N and Q

**The State Employee Health Plan offers five health plan options:**

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family is easier than you think!

- Plan A is the only plan with office visit co-pays which follows the traditional PPO structure and has a different level of coverage for some services. Prescription drug co-insurance applies to the

Out-of-pocket (OOP) max, with no deductible requirement first.

- Plans C and N are High Deductible Health Plans with services applied to deductible and co-insurance. The Preferred Drug List (PDL) is the same as Plan A's PDL. Network claims for covered prescription drugs are subject to the deductible then the appropriate tier level and co-insurance applies until the OOP is met.
- Plans J and Q will be similar to Plan C with lower deductibles. Most covered services are subject to the deductible then co-insurance. The PDL is the same as Plan A's PDL. Prescription drug purchases are subject to the deductible then co-insurance tier level until the Out-of-pocket maximum is met.

**You have access to all health plans regardless of where you live.**

**Please review the Non-Medicare Health Plan Comparison Chart in this book to see the differences in the Deductible, Co-insurance and Out-of-pocket maximums for all plans.**

Each option is designed differently (for example, different premium rates, deductibles, co-insurance and out-of-pocket maximums) and each health plan vendor offers unique networks. Be sure to consider these provider networks before making your selection.

**There are two health plan vendors:**

- Aetna
- Blue Cross and Blue Shield of Kansas

Each health plan vendor has a unique network of contracting providers, so be sure to consider these provider networks when making your selection.

Provider Directories are listed on each vendor page on our website -

[www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

**REMEMBER:**

- **Using Network Providers saves you money.** Network providers have agreed to accept the plan allowance as payment in full, using Network providers saves you money.
- **Non Network providers have not agreed to accept the plan allowance,** so in addition to your required out-of-pocket, any amount above the plan allowance may be your responsibility.

**Both Vendors offer the following:**

- Access to a broad Network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as annual exams, colonoscopy screenings, mammograms and age-appropriate immunizations (including flu shots).
- No dollar limit on the care you may need during the lifetime of the policy.
- Prescription drug coverage through Caremark.
- Preferred Lab Benefit programs available through either Quest diagnostics or Stormont-Vail HealthCare.
- TeleHealth benefits for virtual doctor's office visits through Teladoc (Aetna) or Amwell (Blue Cross and Blue Shield of Kansas).



## Prescription Drug Plan for Non-Medicare Plans

Prescription drug coverage is provided through Caremark for Plans A, C, J, N and Q, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A.** Under this plan, generally you pay a Co-insurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy Out-of-pocket maximum of \$6,250 for single and \$12,500 for member with dependent coverage per year.
- **Plans C, J, N and Q.** Until you reach your deductible, you will pay 100% of the discounted cost for your prescription drugs when you present your Caremark ID card. Once you have reached your annual health plan Deductible, you pay a Co-insurance for your prescription drug costs throughout the year, up to a combined pharmacy and medical Out-of-pocket maximum. See page 21 for pharmacy tiers and Co-insurance.

Regardless of which plan you elect, your Out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm) or [www.caremark.com](http://www.caremark.com)

You can also call Caremark at 800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during the plan year. This list is also on the website.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments so you can discuss your options. The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail [online@caremark.com](mailto:online@caremark.com)

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. A complete list of Specialty Drugs is available at [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm) These drugs are available only through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm)



## Dental Plan

You may now elect stand-alone dental coverage for Plan Year 2019. Members and eligible dependents can be enrolled in dental coverage without being enrolled in medical.

You have access to two Delta Dental provider networks.

**Delta Dental PPO Network** - The PPO Network Providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

**Delta Dental Premier Network** - Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible for paying only the specific Co-insurance and Deductibles for covered services in addition to any services not covered.

See page 22 for Basic and Enhanced Coverage information as well as rates.

For more details on Delta Dental Benefits, go to [www.kdheks.gov/hcf/sehp/Delta.htm](http://www.kdheks.gov/hcf/sehp/Delta.htm)



## Vision Plan

You are offered two vision plans through *Surency Life and Health*, a Kansas-based company wholly owned by our dental carrier, Delta Dental of Kansas. See page 23 for details on the plans.

Surency partners with *EyeMed Vision Care* for your vision care provider network. Surency's *Insight* network of providers offers you the choice of independent providers or retail providers, such as *LensCrafters*, *Target*, *Sears and Walmart* to name a few. There are more than 1,124 providers at more than 321 locations for you to utilize. You may search for a provider near you at:

[www.surency.com/stateofkansas](http://www.surency.com/stateofkansas).

Through Surency, you have access to their many value-added benefits which help you save money all year long. These include Glasses.com and ContactsDirect.com where you may access and use your benefits in their online superstores that offer a wide variety of the world's leading brands of frames and lenses.

Surency members may also receive a 40% discount for additional purchases of complete pairs of eyeglasses when using a participating EyeMed provider. Check with the Surency State of Kansas Insight Network to make sure that your provider is participating in the additional discounts provided. More information on these plans and other value added benefits can be found at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas). With the Sunperks discount plan, you'll receive a \$50 discount at any Sunglass Hut (no minimum purchase necessary). More information on these plans and other value added benefits can be found at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas)

# Preferred Lab Benefit - Available for All Non-Medicare Plan Designs

**For Plan A:** Present your State Employee Health Plan ID Card identifying your membership. When you use a participating laboratory, either with Quest Diagnostics or Stormont Vail Health/Cotton O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan, you pay no Deductibles, Co-pays, or Co-insurance.

**For Plans C, J, N and Q:** Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont Vail Health/Cotton O'Neil, for outpatient non emergency testing is covered and approved by your health benefit plan, then after you meet the Deductible, covered outpatient lab tests performed by the Preferred Lab providers are paid at 100% by the Plan.

If your doctor doesn't use Quest Diagnostics or you are not a Cotton O'Neil patient, bring the lab orders from your doctor to one of the locations provided by Quest Diagnostics or Stormont Vail Health/Cotton O'Neil to have the lab work done and receive either benefit.



**Quest Diagnostics** offers collection sites at various locations throughout Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card. For more information go to <http://www.labcard.com/> for Plan A members and <http://www.labcardselect.com/> for Plans C, J, N and Q members.



**Stormont Vail Health/Cotton O'Neil** offers 11 locations in northeast Kansas for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required. For more information go to <https://www.stormontvail.org/state-employees-lab>

## **The Preferred Lab Benefit Program does NOT cover:**

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-Laboratory work such as mammography, x-rays, imaging and dental work
- Time-sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas
- Lab work billed to your health plan by your doctor or another laboratory

**The Preferred Lab Benefit is completely voluntary.** If you and your health care provider choose to use a lab other than Quest Diagnostics or Stormont Vail Health, you still have laboratory coverage. However, you will be responsible for any Deductible, Co-payments or Co-insurance applied by the health plan.

For details, go to [www.kdheks.gov/hcf/sehp/PreferredLab.htm](http://www.kdheks.gov/hcf/sehp/PreferredLab.htm)

## Plan Year 2019 Retiree/ Direct Bill Non-Medicare Options Comparison Chart

	Plan A		Plan C or N	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Basic Provisions</b>				
<b>Provider Choice</b>	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status			
<b>Annual Deductible</b>	\$1,000 / \$2,000 / \$3,000	\$1,200 / \$2,400 / \$3,600	\$2,750 Single / \$5,500 Family	\$2,750 Single / \$5,500 Family
<b>Annual Co-insurance</b>	20% Co-insurance	50% Co-insurance	Co-insurance <b>Plan C</b> - 20% <b>Plan N</b> - 35%	Co-insurance <b>Plan C</b> - 50% <b>Plan N</b> - 50%
<b>Out-of-pocket Max - TOTAL</b>	\$6,250 Single / \$12,500 Family	\$6,250 Single / \$12,500 Family	<b>Plan C</b> - \$5,500 Single \$11,000 Family <b>Plan N</b> - \$6,650 Single \$13,300 Family	<b>Plan C</b> - \$5,500 Single \$11,000 Family <b>Plan N</b> - \$6,650 Single \$13,300 Family
<b>Lifetime Benefit Maximum</b>	No limit	No limit	No limit	No limit
<b>Amounts Above Plan Allowance</b>	Provider to write off	Member responsibility	Provider to write off	Member responsibility
<b>Preventive Care:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
<b>Well Baby Exams</b> <i>includes newborn screenings &amp; age appropriate office visits</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Child Exam</b> <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Woman Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Man Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Prenatal Screenings and Counseling</b> - <i>see benefit description for list of covered services</i>	Covered in Full	Not Covered	Covered in Full	Not Covered



## Plan Year 2019 Retiree/ Direct Bill Non-Medicare Options Comparison Chart

	Plan J		Plan Q	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Basic Provisions</b>				
<b>Provider Choice</b>	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status			
<b>Annual Deductible</b>	\$500 Single / \$1,000 Family	\$1,000 Single / \$2,000 Family	\$500 Single / \$1,000 Family	\$700 Single / \$1,400 Family
<b>Annual Co-insurance</b>	25% Co-insurance	50% Co-insurance	50% Co-insurance	60% Co-insurance
<b>Out-of-pocket Max - TOTAL</b>	\$7,350 Single / \$14,700 Family	\$10,000 Single / \$20,000 Family	\$6,650 Single / \$13,300 Family	\$6,650 Single / \$13,300 Family
<b>Lifetime Benefit Maximum</b>	No limit	No limit	No limit	No limit
<b>Amounts Above Plan Allowance</b>	Provider to write off	Member responsibility	Provider to write off	Member responsibility
<b>Preventive Care:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
<b>Well Baby Exams</b> <i>includes newborn screenings &amp; age appropriate office visits</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Child Exam</b> <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Woman Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Man Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Prenatal Screenings and Counseling</b> - <i>see benefit description for list of covered services</i>	Covered in Full	Not Covered	Covered in Full	Not Covered

## Plan Year 2019 Retiree/ Direct Bill Health Plan Comparison Chart Non-Medicare Options

	Plan A		Plan C or N	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Preventive Care Continued:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
<b>Age Appropriate Bone Density Screening</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Immunizations</b>	Covered in Full	Covered in full to age 6 otherwise Deductible & Co-insurance	Covered in Full	Covered in full to age 6 otherwise Deductible & Co-insurance
<b>Mammography</b> (not limited to one)	Covered in Full	Deductible & Co-insurance	Covered in Full	Deductible & Co-insurance
<b>Colonoscopy</b> -(not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Ultrasonography for Aortic Aneurysm</b> - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Routine Hearing Exam</b>	Covered in Full	Deductible & Co-insurance	Covered in Full	Deductible & Co-insurance
<b>Routine Vision Exam</b>	1st Exam of year Covered in Full	Deductible & Co-insurance	1st Exam of year Covered in Full	Deductible & Co-insurance
<b>Covered Services</b>				
<b>Inpatient Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Physician Hospital Visits</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Physician Office Visits</b>				
Primary Care Provider	\$40 Co-payment	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Specialist	\$60 Co-payment	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Urgent Care Center	\$50 Co-payment	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
TeleHealth Available with Contracting Vendor Only	\$10 Co-payment	Not Available	Deductible & Co-insurance	Not Available
<b>Outpatient Surgery</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Emergency Room Visits</b>	\$100 Co-payment (waived if admitted) then Deductible & 20% Co-insurance	\$100 Co-payment (waived if admitted) then Deductible & 20% Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance

## Plan Year 2019 Retiree/ Direct Bill Health Plan Comparison Chart Non-Medicare Options

	Plan J		Plan Q	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Preventive Care Continued:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
<b>Age Appropriate Bone Density Screening</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Immunizations</b>	Covered in Full	Covered in full to age 6 otherwise Deductible & Co-insurance	Covered in Full	Covered in full to age 6 otherwise Deductible & Co-insurance
<b>Mammography</b> <i>(not limited to one)</i>	Covered in Full	Deductible & Co-insurance	Covered in Full	Deductible & Co-insurance
<b>Colonoscopy</b> <i>-(not limited to one)</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Ultrasonography for Aortic Aneurysm</b> - <i>limited to men ages 65 to 75 with history of tobacco use</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Routine Hearing Exam</b>	Covered in Full	Deductible & Co-insurance	Covered in Full	Deductible & Co-insurance
<b>Routine Vision Exam</b>	1st Exam of year Covered in Full	Deductible & Co-insurance	1st Exam of year Covered in Full	Deductible & Co-insurance
<b>Covered Services</b>				
<b>Inpatient Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Physician Hospital Visits</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Physician Office Visits</b>				
Primary Care Provider	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Specialist	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Urgent Care Center	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
TeleHealth <i>Available with Contracting Vendor Only</i>	Deductible & Co-insurance	Not Available	Deductible & Co-insurance	Not Available
<b>Outpatient Surgery</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Emergency Room Visits</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance

## Plan Year 2019 Retiree/ Direct Bill Non-Medicare Health Plan Comparison Chart Non-Medicare Options

	Plan A		Plan C or N	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Covered Services</b>				
<b>Other Outpatient Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Ambulance Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Major Diagnostic Tests</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>X-Ray and Laboratory</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Rehabilitation Services:</b> <i>(services limited to those medically necessary and appropriate medical records must show continued improvement)</i>				
Inpatient Facility	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Outpatient Facility	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Office Based	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Durable Medical Equipment</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Allergy Testing</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Antigen Administration:</b> <i>desensitization/ treatment; allergy shots</i>	Covered in full	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Autism Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Manipulation Therapies</b> - Limited to 30 visits per year	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Licensed Dietitian Consultation:</b> <i>for medical management of documented disease</i>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Hospice</b> - <i>services must be pre-approved by health plan; limited to six months</i>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Mental Health</b>				
<b>Mental Illness &amp; Drug or Alcohol Treatment:</b>			<b>Same Coverage as Medical</b>	

## Plan Year 2019 Retiree/ Direct Bill Non-Medicare Health Plan Comparison Chart Non-Medicare Options

	Plan J		Plan Q	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Covered Services</b>				
<b>Other Outpatient Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Ambulance Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Major Diagnostic Tests</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>X-Ray and Laboratory</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Rehabilitation Services:</b> <i>(services limited to those medically necessary and appropriate medical records must show continued improvement)</i>				
Inpatient Facility	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Outpatient Facility	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Office Based	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Durable Medical Equipment</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Allergy Testing</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Antigen Administration:</b> <i>desensitization/ treatment; allergy shots</i>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Autism Services</b>	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Manipulation Therapies</b> - Limited to 30 visits per year	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Licensed Dietitian Consultation:</b> for medical management of documented disease	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Hospice</b> - services must be pre-approved by health plan; limited to six months	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
<b>Mental Health</b>				
<b>Mental Illness &amp; Drug or Alcohol Treatment:</b>			<b>Same Coverage as Medical</b>	

## Plan Year 2019 Retiree/ Direct Bill Non-Medicare Options Rate Chart

Coverage Choice	PLAN A	PLAN C	PLAN J	PLAN N	PLAN Q
	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS
1	\$1,040.60	\$768.15	\$849.49	\$740.14	\$747.41
2	\$2,168.57	\$1,655.81	\$1,756.80	\$1,539.53	\$1,569.84
3	\$1,861.30	\$1,400.56	\$1,493.57	\$1,340.68	\$1,354.83
4	\$3,090.45	\$2,421.45	\$2,632.97	\$2,203.19	\$2,310.80

Coverage Choice	Delta Dental	Surency Vision Basic	Surency Vision Enhanced
1	\$36.27	\$3.68	\$7.24
2	\$82.58	\$7.21	\$14.29
3	\$91.84	\$6.51	\$12.89
4	\$147.42	\$10.05	\$19.99

### Coverage Choice Codes Key

1-Member Only

2-Member and Spouse Only

3-Member and Child(ren)

4-Member, Spouse and Child(ren)

**IMPORTANT REMINDERS:** The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.



## Caremark Prescription Drug Benefits for Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at [www.caremark.com](http://www.caremark.com)

Tier	Type of Prescription Medication	You Pay	Your Out-of-pocket Maximum
1	<b>Generic Drugs</b>	20% Co-insurance	There is an Out-of-pocket maximum of \$6,250 for single and \$12,500 for family combined Medical and Pharmacy per year.
2	<b>Preferred Brand Name Drugs</b>	40% Co-insurance	
3	<b>Special Case Medications</b>	40% Co-insurance to a maximum of \$100 per standard unit of therapy / 30-day supply	
4	<b>Non Preferred Brand Name Drugs</b>	65% Co-insurance	
5	<b>Discount Tier Medications</b>	100% Co-insurance	N/A
6	<b>Anticancer Oral Medications</b>	20% Co-insurance to a maximum of \$100 per standard unit of therapy / 30-day supply	Applies to the Out-of-pocket maximum (See above)
Value Based	<b>Diabetes</b>	Generic - 10% to a max of \$20/30 day supply Preferred brand - 20% to a max of \$40/30-day supply	Applies to the Out-of-pocket maximum (See above)
Value Based	<b>Asthma</b>		

Compound Medications now must be filled at Network Pharmacy only.

## Caremark Prescription Drug Benefits for Plans C , J, N and Q

Tier	Type of Prescription Medication	After Deductible is Satisfied, You pay
1	<b>Generic Drugs</b>	20% Co-insurance
2	<b>Preferred Brand Name Drugs</b>	40% Co-insurance
3	<b>Non Preferred Brand Name Drugs</b>	65% Co-insurance
4	<b>Discounted Tier Medications</b>	100% Co-insurance
5	<b>Anticancer Oral Medications</b>	Co-insurance

Compound Medications now must be filled at Network Pharmacy only.

Delta Dental Benefits			
	PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum	\$1,700 per member		
Lifetime Orthodontic Benefit	50% Co-insurance to a maximum of \$1,000 per member		
Implant Coverage <i>(Benefit subject to Annual Benefit Maximum above)</i>	50% Co-insurance		
DEDUCTIBLE			
Diagnostic and Preventive Services	No Deductible		
Basic Restorative Services	\$50 per person per Plan Year. Not to exceed an Annual Family Deductible of \$150		
Major Restorative Services			
Co-insurance			
BASIC BENEFIT Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan *		
Basic Restorative Services	50%	50%	50%
Major Restorative Services	60%	70%	70%
ENHANCED BENEFIT Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan*		
Basic Restorative Services	20%	40%	40%
Major Restorative Services	50%	50%	50%

\*Dental Services by Non Network providers are subject to the Allowed Amount including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.

Your Co-insurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month periods. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.

The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted on each vendor page on the SEHP website - [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

Surency Vision Benefits			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
<b>Eye Exams: Subject to \$50 Co-payment</b>			
Eye Exam, M.D. <b>or</b> O.D	Covered in Full after Co-payment	Covered in Full after Co-payment	Up to \$38
<b>Eyeglasses: Subject to \$25 Materials Co-payment</b>			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45 Enhanced: Up to \$78
Single Vision Lenses, pair	Covered in Full after Co-payment	Covered in Full after Co-payment	Up to \$31
Bifocal Lenses, pair	Covered in Full after Co-payment	Covered in Full after Co-payment	Up to \$51
Trifocal lenses, pair	Covered in Full after Co-payment	Covered in Full after Co-payment	Up to \$64
Lenticular lenses, pair	Covered in Full after Co-payment	Covered in Full after Co-payment	Up to \$80
Progressive lenses, pair	Not Covered <i>Plan Discount Available</i>	Covered up to \$165*	Not Covered
High Index lenses, pair	Not Covered <i>Plan Discount Available</i>	Up to \$116 retail	Not Covered
Polycarbonate lenses, pair	Up to \$40	Covered in Full	Not Covered
Scratch Coat	Up to \$15	Covered in Full	Not Covered
UV Coat	Up to \$15	Covered in Full	Not Covered
<b>Contact Lenses: Not subject to Materials Co-payment</b>			
<b>NOTE:</b> Contact lens allowance must be used in one (1) purchase each year.			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$105
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Up to \$105
<b>Contact Lens Exam (fitting fee) (\$35 Co-payment)</b>			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less \$55 allowance	90% of charge, less \$55 allowance	Not Covered
<p>* You are responsible for any charges above the allowance.</p> <p>** Standard contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical standard lenses include disposable, daily wear or extended wear lenses.</p> <p>*** Specialty contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical specialty lenses include toric, gas permeable and multi-focal lenses.</p> <p><b>NOTE:</b> Members may use their benefit for contact lenses OR spectacle lenses once per year, however the members frame allowance can still be used if contact lenses are elected.</p> <p>Surency Vision plans include many discount programs as well, for things such as Progressive lenses, LASIK, Polarization, Photochromic Transition Lenses, non-prescription sunglasses and more.</p> <p><b>KNOW BEFORE YOU GO:</b> Find out about plan discounts and what your costs will be prior to receiving services by visiting:  <a href="http://www.Surency.com/stateofkansas">www.Surency.com/stateofkansas</a></p>			

# Medicare Options

Medicare is a federal health plan designed for the elderly and disabled. It assists enrollees in the payment of health costs subject to certain co-pays and/or co-insurances. A person may be eligible for Medicare by virtue of reaching age 65 or by being approved for total disability by the Social Security Administration.

## The State Employee Health Plan Medicare Options are:

- Aetna Medicare Freedom PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Freedom PPO ESA (with Aetna Part D - either **Value** or **Premier** Option)
- Aetna Medicare Liberty PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Liberty PPO ESA (with Aetna Part D - either **Value** or **Premier** Option)
- Aetna Medicare Elite PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Elite PPO ESA (with Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan C (with or without Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan C Select (with or without Aetna Part D - either Value or Premier Option)
- Kansas Senior Plan G (with or without Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan G Select (with or without Aetna Part D - either Value or Premier Option)
- Kansas Senior Plan N (with or without Aetna Part D - either Value or Premier Option)



## Aetna Medicare Freedom, Liberty and Elite PPO ESA Plans

The current Coventry Medicare PPO plans, Freedom and Liberty names will change to **Aetna Medicare Freedom PPO ESA** and **Aetna Medicare Liberty PPO ESA** in Plan Year 2019. Also, the Liberty plan has an enhanced benefit design from previous years. In addition to these two plans we are adding a third Medicare plan, Aetna Medicare Elite PPO ESA.

These three plans are available for State Employee Health Plan Direct Bill members enrolled in Medicare Part A and Part B. The Medicare Advantage Plans fall under the Part C of Medicare. Direct Bill members enrolled in one of the Medicare PPO ESA plans will continue to pay the Part B premium and a monthly premium for their Medicare plans. **You do not need to buy additional supplemental Medicare insurance.**

The Aetna Medicare plan options vary in member costs for monthly premiums and for medical care. The higher the premium amount, the lower the costs will be for medical care, and vice versa. The Medicare plans are available nationwide. They have a network, but if you see a provider that is out-of-network that accepts Medicare, claims will be processed as in network.

All Aetna Medicare plans have a choice of Aetna Standard Part D, Aetna Value or Aetna Premier prescription drug coverage. Enrollment in "Private Market" Part D coverage is not allowed with any of the Aetna Medicare PPO ESA options and will cause your Medicare Medical plan to be terminated. This would also mean you would no longer be eligible for any State Employee Health Plan coverage.

To view the PPO ESA provider directories, go to [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm) and click on Aetna Medicare or contact Aetna customer service at 1-855-322-7558.

Compare the differences listed on page 28. You can review the monthly premiums, out-of-

pocket maximums and differences in covered services (ie. Hospital Stays, Office Visit Co-pays and the different drug plans available) that will be best for you.

These plans provide members the ability to seek care without referral from any physician enrolled as a Medicare provider.

### **Additional Aetna Medicare Freedom, Liberty and Elite PPO ESA Services**

- All Aetna Medicare offerings will allow members the SilverSneakers Program. This benefit provides unlimited access to participating fitness centers anywhere in the country at no extra charge.
- Member Communication reminders for preventive services that are important for your overall health.



## **Kansas Senior Plans**

- Kansas Senior Plans-C, C Select, G, G Select and N are State of Kansas Medigap policies administered by Blue Cross and Blue Shield designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents.
- With the Kansas Senior Plans, members can choose the plans that includes one of the Aetna Part D prescription drug coverages or they can choose one of the Kansas Senior Plans without drug coverage and purchase prescription drug coverage under Medicare Part D on the Private Market.
- The Kansas Senior Plans are part of the 10 standardized Medicare supplement insurance plans. They have the same medical benefits as any other Medicare Supplement Plan C, C Select, G, G Select or N. Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay. Unlike individual medigap policies such as Plan 65, the Kansas Senior Plans are group rated rather than individually age rated. The Kansas Senior Plans offer optional prescription drug, dental and vision benefits while most individual policies offer only medical benefits. The retiree and any Medicare Eligible Dependents must be enrolled in Medicare Part A and Medicare Part B.
- The Kansas Senior Plans are the only plans offered to Direct Bill members that allows the member to elect Part D coverage from the Private Market.
- See page 31 for how each of the Kansas Senior Plans pay on claims.
- Important Note: If Medicare does not cover a service, there is no benefit under the medical portion of the Kansas Senior Plans.
- Simply utilize providers who accept Medicare assignment. These providers agree to accept the Medicare allowance as payment in full.
- To obtain full benefits with the Kansas Senior Select Plans, you must use network hospitals for your non-emergency hospitalization services.
- To be eligible to enroll in one of the Select plans, you must live in one of these counties: Washington, Marshall, Clay, Riley, Pottawatomie, Jackson, Wabaunsee, Shawnee, Osage, Brown, Doniphan, Atchison, Jefferson, Leavenworth, Douglas, Pratt, Reno, Kingman, Harper, Harvey, Sedgwick, Sumner, Marion, Chase, Butler, Cowley, Greenwood, Elk or Chautauqua.
- Travel with confidence because Kansas Senior Plans C, G and N coverage is accepted by doctors and hospitals everywhere in the United States so you'll have access to care if you

need it. Foreign travel emergencies are also covered with some limitations.

- Members may elect any of the Kansas Senior Plans with or without Delta Dental coverage. However - once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.



## Aetna Part D Prescription Drug Plans

There are two Aetna Medicare Part D prescription drug plan options to meet your personal prescription drug coverage needs - Aetna *Part D -Value* or Aetna *Part D -Premier*. These Part D plans are available for the Aetna Medicare Plans **and** the Blue Cross and Blue Shield of KS Senior Plans offered through the State Employee Health Plan.

The Part D options vary in member costs for monthly premiums and for drugs. The higher the premium amount, the lower the costs will be for drugs, and vice versa. The Premier Plan is the only option that pays through the "donut hole" on both generic and name brand drugs. **NOTE:** These plans have the same Network of Providers but do have separate formularies. Review the formulary (Preferred Drug List) to make sure the prescriptions you use are listed.

For questions concerning Aetna Part D coverage, members should contact Aetna Part D Customer Care representatives at 1-844-233-1939. The benefit specialists are available from 8:00 a.m. to 8:00 p.m. Monday - Friday. They can assist with questions regarding the transition to your new plan, drug cost estimations and answer any questions you may have.

### Aetna Part D Overview

Aetna Part D will generally cover the drugs listed in their formulary as long as:

- The drug is medically necessary
- The prescription is filled at a Network pharmacy, and other coverage rules are followed.

### Aetna Part D does not pay for drugs that are covered by Medicare Part B, such as:

- Drugs usually supplied by and administered in your doctor's office (such as chemotherapy drugs)
- Drugs used with durable medical equipment (DME) that you obtained through DME services, such as respiratory drugs given through a nebulizer
- Some immunosuppressive drugs (if you had a Medicare covered transplant) and some oral anti-cancer drugs
- Drugs provided in Hospital Outpatient Departments and drugs such as erythropoietin (EPO) if you are undergoing dialysis

In order to participate in Medicare Part D, you must enroll in one of the Part D plans. When you are enrolled in a plan, either through the State Employee Health Plan or the Private Market, and you enroll in another Medicare Part D plan at a later date, you will be automatically dis-enrolled in the previous plan. You will still need to contact SEHP at 866-541-7100 if you are dropping coverage with the State. If you are enrolled in a Medicare Part D plan that is coupled with one of the Advantage plans, enrollment in a subsequent Part D plan may result in loss of your health insurance benefits.

**NOTE:** Part D Value and Premier premiums are billed by Aetna Part D directly to the member. These premiums are not included in the premium drafted by the State Employee Health Plan.



## Plan Year 2019 Retiree/Direct Bill Health Plan Rate Chart - Medicare Options

### Monthly Premiums for Medicare Plans Member Only Rates

Aetna Medicare Plan (with Part D)	Monthly Premium	BCBSKS Medicare Plan (with or without Part D)	Monthly Premium
Aetna Medicare Freedom PPO ESA with Aetna Standard Part D	\$140.88	Kansas Senior Plan C with Aetna Part D - Premier	\$396.41
Aetna Medicare Freedom PPO ESA with Aetna Part D - Premier	\$257.97	Kansas Senior Plan C with Aetna Part D - Value	\$303.74
Aetna Medicare Freedom PPO ESA with Aetna Part D - Value	\$165.30	Kansas Senior Plan C without Part D	\$215.32
Aetna Medicare Liberty PPO ESA with Aetna Standard Part D	\$172.68	Kansas Senior Plan C Select with Aetna Part D - Premier	\$334.18
Aetna Medicare Liberty PPO ESA with Aetna Part D -Premier	\$289.77	Kansas Senior Plan C Select with Aetna Part D - Value	\$241.51
Aetna Medicare Liberty PPO ESA with Aetna Part D - Value	\$197.10	Kansas Senior Plan C Select without Part D	\$153.09
Aetna Medicare Elite PPO ESA with Aetna Standard Part D	\$202.66	Kansas Senior Plan G with Aetna Part D - Premier	\$379.18
Aetna Medicare Elite PPO ESA with Aetna Part D -Premier	\$319.75	Kansas Senior Plan G with Aetna Part D - Value	\$286.51
Aetna Medicare Elite PPO ESA with Aetna Part D - Value	\$227.08	Kansas Senior Plan G with without Part D	\$198.09
		Kansas Senior Plan G Select with Aetna Part D - Premier	\$325.35
		Kansas Senior Plan G Select with Aetna Part D - Value	\$232.68
		Kansas Senior Plan G Select without Part D	\$144.26
		Kansas Senior Plan N with Aetna Part D - Premier	\$333.75
		Kansas Senior Plan N with Aetna Part D - Value	\$241.08
		Kansas Senior Plan N without Part D	\$152.66

### Surency Vision Services and Delta Dental Member Only Rates

Surency Vision Services - Basic	Surency Vision Services - Premium	Delta Dental
\$3.68	\$7.24	\$36.27

**NOTE:** The premiums provided for vision and dental coverage are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

## Plan Year 2019 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for both Network and Non-Network Providers.</i>	<b>Aetna Medicare Plans Preferred Provider Organization (PPO ESA) with any Aetna Part D prescription drug</b>		
	<b>Freedom</b>	<b>Liberty</b>	<b>Elite</b>

### Basic

<b>Provider Choice</b>	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status		
<b>Co-insurance</b> (for all eligible expenses, unless otherwise noted)	\$0	\$0	
<b>Deductible</b>	\$0	\$0	\$150 (ER, US Ambulance & Preventive excluded)
<b>Network Annual Out-of-Pocket Maximum</b>	\$1,000	\$500	\$150
<b>Lifetime Benefit Maximum</b>	No Limit	No Limit	No Limit
<b>Network Providers Only Amounts Above Plan Allowance</b>	Provider to Write Off	Provider to Write Off	Provider to Write Off

### Members must enroll in a Part D program offered by the SEHP with Aetna Medicare products

<b>Aetna Standard Part D</b>	Aetna Part D See page 32	Aetna Part D See page 32	Aetna Part D See page 32
<b>Aetna Part D Value and Premier</b>	Aetna Medicare Freedom Part D See Page 33-34	Aetna Medicare Freedom Part D See Page 33-34	Aetna Medicare Freedom Part D See Page 33-34

### Covered Services

<b>Inpatient Hospital Services</b>	\$150 Co-pay per day up to 5 days	\$0	\$0
<b>Outpatient Surgery</b>	\$150 Co-pay	\$0	\$0
<b>Skilled Nursing Facility</b>	Day 1-20 - \$0 per day Days 21-100 - \$167.50 per day	Day 1 - 20 - \$0 per day Days 21-100 - \$75 per day	\$0

## Plan Year 2019 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for both Network and Non-Network Providers.</i>	Aetna Medicare Plans Preferred Provider Organization (PPO ESA) with any Aetna Part D prescription drug		
	Freedom	Liberty	Elite

### Covered Services Continued

Specialist	\$25	\$30	
<b>Physician Hospital Visits</b>	Included in the inpatient services Co-pay	Included in the inpatient services Co-pay	
<b>Office Visits</b>			
Primary Care Provider	\$10	\$15	\$0
Specialist	\$25	\$15	\$0
<b>Major Diagnostics Tests*</b>	\$0 - \$150	\$0 - \$200	\$0
<b>Durable Medical Equipment</b>	20% Co-insurance	20% Co-insurance	\$0
<b>Home Health Care</b>	\$0	\$0	\$0
<b>Hospice</b> <i>limited to six months</i>	Services covered under Regular Medicare	Services covered under Regular Medicare	Services covered under Regular Medicare
<b>X-Ray and Laboratory Services</b>	\$0	\$15	\$0
<b>Outpatient Physical Rehabilitation Services:</b> <i>(services limited to those medically necessary and appropriate: medical records must show continued improvement)</i>	\$0 Co-pay	\$15 Co-pay	\$0
<b>Mental Illness and Drug or Alcohol Treatment</b>	Same coverage as Medical	Same coverage as Medical	Same coverage as Medical
<b>Chiropractic</b>	\$20 Co-pay	\$15 Co-pay	\$0
<b>Urgent Care Center</b>	\$30 Co-pay, worldwide coverage	\$15 Co-pay, worldwide coverage	\$0
<b>Emergency Room Visits</b>	\$80 Co-pay (waived if admitted)	\$50 Co-pay (waived if admitted)	\$0

## Plan Year 2019 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

*The benefits below are applicable for both Network and Non-Network Providers.*

### Aetna Plans Preferred Provider Organization (PPO ESA) with any Aetna Part D prescription drug

**Freedom**

**Liberty**

**Elite**

### Covered Services Continued

<b>Ambulance Services</b>	\$100	\$15	\$0
<b>Allergy Testing</b>	\$10 Co-pay for PCP; \$25 Co-pay for specialist	\$15	\$0
<b>Antigen Administration:</b> <i>desensitization/treatment; allergy shots</i>	\$10 Co-pay for PCP; \$25 Co-pay for specialist	\$15	\$0
<b>Preventive Care **</b>			
<b>Age Appropriate Routine Physical Exam</b>	\$0	\$0	\$0
<b>Covered Immunizations</b>	\$0	\$0	\$0
<b>Well-Woman Care:</b>	\$0 <b>Limitation:</b> one pap and pelvic exam every two years	\$0 <b>Limitation:</b> one pap and pelvic exam every two years	\$0
<b>Well-Man Care:</b>	\$0	\$0	\$0
<b>Routine Hearing Exam -</b> <i>Limit one per year</i>	\$0	\$0	\$0
<b>Hearing Aids -</b> <i>Limit allowance every 12 months</i>	\$500 allowance	\$500 Allowance	\$500 Allowance
<b>Routine Vision Exam -</b> <i>Limit one per year</i>	\$0	\$0	\$0
<b>Eye Glasses or Contacts</b>	Not covered	Not covered	Not covered
<b>Dental Preventive Exam -</b> Excludes Restorative	Not covered	Not covered	Not covered

**\*Major Diagnostic Tests** include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.

**\*\* Other Preventive Care** - please refer to the Benefit Summary located on our website at [www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm](http://www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm)

The comparison chart is NOT the governing document. For complete information including **Non-Network Provider coverage**, members need to refer to each Provider's Benefit Description located on our website at [www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm](http://www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm)

Kansas Senior Plans - Plan Year 2019 Medicare Payment Information				
Plan Name	Medicare A – Hospitalization		Medicare B – Medical	
	You Pay	The Plan Pays	You Pay	The Plan Pays
Sr. Plan C	\$0	Deductible and co-insurance for Medicare covered services	\$0	Deductible and Co-insurance for Medicare covered services
Sr. Plan C Select	\$0	To received full Select benefits, you must obtain your non-emergency hopsitalization services from one of the network hospitals.	\$0	Deductible and Co-insurance for Medicare covered services
Sr. Plan G	\$0	Deductible and co-insurance for Medicare covered services	\$183*	After deductible has been paid, Plan pays co-insurance for Medicare covered services
Sr. Plan G Select	\$0	To received full Select benefits, you must obtain your non-emergency hopsitalization services from one of the network hospitals.	\$183*	After deductible has been paid, Plan pays co-insurance for Medicare covered services
Sr. Plan N	\$0	Deductible and co-insurance for Medicare covered services	\$183* \$20 Office Visit up to \$50 for ER Visit	Balance after deductible and co-pays are paid

\* The deductible and co-insurance amounts listed for Kansas Senior Plans reflect **2018** rates.

## Aetna Standard Part D Plan Benefits

Only available to those enrolled in one of the Aetna Medicare PPO ESA plans.

Aetna Medicare PPO ESA members must enroll in one of the Part D programs offered by the State Employee Health Plan, Aetna Standard Part D or Aetna Part D Value or Premier. Members enrolled in Aetna Medicare are not eligible for enrollment in the Private Market Part D plans.

Tier	Medicare Freedom, Liberty and Elite
	<b>Tier 1</b> (Preferred Generic) <b>Tier 2</b> (Generic) <b>Tier 3</b> (Preferred Brand) <b>Tier 4</b> (Non-Preferred Brand) <b>Tier 5</b> (Specialty Tier)
Pharmacy Network	<a href="http://stateofkansas.aetnamedicare.com/">http://stateofkansas.aetnamedicare.com/</a>
<b>Network Retail Pharmacy</b> Specialty Tier only available at 30 day supply (d/s)	
<b>30 day supply cost share</b>	<b>Tier 1</b> \$2 co-pay <b>Tier 2</b> \$6 co-pay <b>Tier 3</b> \$47 co-pay <b>Tier 4</b> \$100 co-pay <b>Tier 5</b> 33% of the total cost - 30 day only
<b>60 day supply cost share</b>	2 times tier amount listed above
<b>90 day supply cost share</b>	3 times tier amount listed above - 2-4 Tiers Tier 1 \$0 co-pay
<b>Network Coverage Gap Coverage</b>	
<b>After you have a total drug spend over \$3,820 coverage in the Coverage Gap</b>	Network Preferred Tier 1 - \$2 co-pay Network Generic Tier 2 - \$6 co-pay Network Preferred Brand Tier 3- 37% generic, 25% brand Network Non Preferred Brand Tier 4 - 37% generic, 25% brand Network Specialty Tier 5 - 37% generic, 25% brand
<b>Network Catastrophic Coverage</b>	
<b>If out-of-pocket expenses exceed \$5,100 coverage for Catastrophic Coverage</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.40 <b>Brands:</b> the greater of 5% Co-insurance or \$8.50
<b>Mail Order provided by CVS/Caremark Pharmacy.</b>	



## Aetna Part D Plan Benefits - Premier Option - Toll Free 1-844-233-1939

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail / Mail Order 90-Day Supply
<b>Tier 1 - Preferred Generic drugs</b>	25% Co-insurance up to a \$30 maximum	25% Co-insurance up to a \$45 maximum	25% Co-insurance up to a \$45 maximum
<b>Tier 2 - Generic drugs</b>	25% Co-insurance up to a \$30 maximum	25% Co-insurance up to a \$45 maximum	25% Co-insurance up to a \$45 maximum
<b>Tier 3 - Preferred Brand Name drugs</b>	25% Co-insurance up to a \$100 maximum	25% Co-insurance up to a \$150 maximum	25% Co-insurance up to a \$150 maximum
<b>Tier 4 - Non- Preferred Generic and Brand Name drugs</b>	50% Co-insurance up to a \$150 maximum	50% Co-insurance up to a \$225 maximum	50% Co-insurance up to a \$225 maximum
<b>Tier 5 - Specialty 30 day supply only</b>	25% Co-insurance No maximum	N/A	N/A
<b>If out-of-pocket expenses exceed \$5,100</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.40 <b>Brands:</b> the greater of 5% Co-insurance or \$8.50	<b>Generics:</b> the greater of 5% Co-insurance or \$3.40 <b>Brands:</b> the greater of 5% Co-insurance or \$8.50	<b>Generics:</b> the greater of 5% Co- insurance or \$3.40 <b>Brands:</b> the greater of 5% Co-insurance or \$8.50

## Aetna Part D Plan Benefits - Value Option - Toll Free 1-844-233-1939

Prescription	Retail 30-Day Supply	Retail 60-Day Supply	Retail/Mail Order 90-Day Supply
Deductible	\$100 deductible for initial out-of-pocket prior to tier coverage		
All co-payments would be cost of drug or co-payment listed below. Whichever is less.			
Network / Preferred Pharmacy			
Tier 1 - Preferred Generic drugs	\$8 Co-payment	\$16 Co-payment	\$16 Co-payment
Tier 2 - Generic drugs	\$15 Co-payment	\$30 Co-payment	\$30 Co-payment
Tier 3 - Preferred Brand Name drugs	\$40 Co-payment	\$80 Co-payment	\$80 Co-payment
Tier 4 - Non-Preferred Generic and Brand Name drugs	\$80 Co-payment	\$160 Co-payment	\$160 Co-payment
Tier 5 - Specialty 30 day supply only	25% Co-insurance No Maximum	N/A	N/A
Non Network / Standard Pharmacy			
Tier 1 - Preferred Generic drugs	\$19 Co-payment	\$38 Co-payment	N/A
Tier 2 - Generic drugs	\$20 Co-payment	\$40 Co-payment	N/A
Tier 3 - Preferred Brand Name drugs	\$47 Co-payment	\$94 Co-payment	N/A
Tier 4 - Non Preferred Generic and Brand Name drugs	\$100 Co-payment	\$200 Co-payment	N/A
Tier 5 - Specialty 30 day supply only	25% Co-insurance No Maximum	N/A	N/A
After you have a total drug spend over \$3,820coverage in Coverage Gap	Generic Tiers 1 and 2 Only in Gap		
If out-of-pocket expenses exceed \$5,100	Generics: the greater of 5% Co-insurance or \$3.40 Brands: the greater of 5% Co-insurance or \$8.50	Generics: the greater of 5% Co-insurance or \$3.40 Brands: the greater of 5% Co-insurance or \$8.50	Generics: the greater of 5% Co-insurance or \$3.40 Brands: the greater of 5% Co-insurance or \$8.50

[illegible]

Kansas Department of Health and Environment  
STATE EMPLOYEE HEALTH PLAN  
Rm. 900-North, Landon State Office Building  
900 SW Jackson Street  
Topeka, KS 66612

Presorted Standard  
U.S. Postage  
PAID  
Permit No. 157  
Topeka, KS

First Name Middle Initial Last Name  
Address  
Address Line2  
City, State Zip